

Some media reports and health group websites have stated that the American Academy of Pediatrics (AAP) recommends that adolescents should not consume more than 100 mg of caffeine per day. However, following a thorough search of the literature a detailed reference for this statement could not be found in these reports.

In the FDA letter dated November 21, 2012 (U.S. FDA, 2012c), it is stated that the FDA contacted the AAP and reviewed their website but was not able to get verification that the AAP has a policy statement supporting an upper limit of 100 mg caffeine per day for adolescents.

We also did an independent search of the AAP website and did not identify any such policy statement. While no policy statement by the AAP was identified, an independent publication in the AAP journal *Pediatrics* by authors from the Department of Pediatrics and the Pediatric Integrative Medicine Program, University of Miami, Leonard M. Miller School of Medicine, Miami, Florida, Seifert *et al.* (2011), did state that "Adolescent and child caffeine consumption should not exceed 100 mg per day and 2.5 mg per kg BW per day, respectively", with three references provided as support for this intake limit. However, upon close review of the references, none laid out or were proven to recommend this intake limit. The references are summarized below:

- 1) Babu KM, Church RJ, Lewander W. Energy drinks: the new eye-opener for adolescents. *Clin Pediatr Emerg Med.* 2008;9(1):35–42. Babu *et al.* (2008) cites to Canadian recommendations that children aged 10 to 12 consume no more than 85 mg per day. No recommendations are given for adolescents aged 12 to 18.
- 2) BfR Federal Institute for Risk Assessment. Health risks of excessive energy shot intake. December 2, 2009. Available at: www.bfr.bund.de/cm/245/health_risks_of_excessive_energy_shot_intake.pdf. Accessed January 17, 2011. The BfR Federal Institute for Risk Assessment refers to "children" and uses a 10-year-old as an example but makes no reference to "teens" or "adolescents" or a 100 mg per day recommended limit. This reference focuses on energy shots and not energy drinks such as Rockstar. With respect to children, this article states the following: "With portions of 150 mg, children (10 years old, 30 kg BW) reach intake levels of 5 mg caffeine per kg BW. These have been connected with the temporary appearance of arousal, irritability, nervousness and anxiety in several children (SCF, 1999). These products should therefore be labelled as unsuitable for children."

Interestingly, the SCF (1999) report which is cited by the BfR includes this statement: "Studies on the effects of direct caffeine consumption by pre-school and school children have given variable results. In experimental studies in which single doses up to 10 mg per kg bw have been given to children, either no effect or small, inconsistent effects have been noted on mood, behavioural, cognitive and motor functions, some of which could be interpreted as beneficial."

- 3) Heatherley SV, Hancock KM, Rogers PJ. Psychostimulant and other effects of caffeine in 9- to 11-year-old children. *J Child Psychol Psychiatry*. 2006;47(2):135–142. Heatherley *et al.* (2006) did not evaluate children older than 12 years of age.

Overall, the published literature collected that specifically looked at adolescent populations did not indicate that 100 mg per day of caffeine was likely to be associated with health concerns. In caffeine sensitive individuals, the effects of caffeine may be associated with transient behavioural changes, such as increased arousal, irritability, nervousness or anxiety (SCF, 1999). These are the same effects noted in sensitive adults and would be expected to be self limiting.

A recent letter prepared by the FDA (2012c) noted the following key points with respect to intakes of caffeine among consumers, including adolescents.

- Based on the results of a commissioned consumption study, the mean caffeine consumption by the U.S. population has remained stable, despite the entry of energy drinks on the market, at approximately 300 mg per person per day.
- Among consumers aged 14 to 21 years of age, the mean amount of caffeine consumed was 1/3 of that of adults or ~100 mg per day, with the caffeine contributed predominantly from coffee, soft drinks and teas.
- Caffeine intakes from energy drinks represented only a small portion of daily intakes, even for teens.

In related information, a recent media report ("Moderation key to energy drinks" Hinton Parklander, Mon Dec 3 2012, Byline: ED MOORE EDSON LEADER) cited the Alberta Health Services medical officer of health, Kathryn Koliaska, that older children (>12 years of age) should limit their intake of caffeine to 400 mg per day.

The U.S. National Center for Health Statistics' (NCHS) National Health and Nutrition Examination Surveys (NHANES) most recent data also suggest very low energy drink consumption among adolescents (CDC 2011). The NHANES data are collected and released in 2-year cycles with the most recent cycle containing data collected in 2009-2010. NHANES 2009-2010 survey data were collected from individuals and households via 24-hour dietary recalls administered on 2 non-consecutive days (Day 1 and Day 2). Additionally, NHANES respondents provided 24-hour recall data concerning the use of dietary supplements on 2 non-consecutive days.

The results as presented in Table 4 indicate that only 1.1% of adolescent girls and 4.5% of adolescent boys are consumers of energy drinks.



Table 4 Summary of Most Relevant Dietary Intake Assessments Conducted Using 2009-2010 NHANES Data

Population Group	Age Group (years)	Caffeine intakes from background diet ^a , Caffeine Users ^b Only (mg/day)			Caffeine intakes from intended uses in energy drinks (120mg/8oz), Energy Drink Users Only (mg/day)			Caffeine intakes from background diet and intended uses in energy drinks (120mg/8oz), Energy Drink Users Only (mg/day)		
		% Users	n	Mean	% Users	n	Mean	% Users	n	Mean
Infants	0 to 2	42.2	648	8	0	0	na	0	0	na
Children	3 to 11	86.1	2,308	18	0.4	8	109*	0.4	8	121*
Female Teenagers	12 to 19	89.2	851	53	1.1	15	143*	1.1	15	172*
Male Teenagers	12 to 19	86.8	908	67	4.5	36	145	4.5	36	164
Female Adults	20 and up	94.1	4,757	155	1.8	65	105	1.8	65	156
Male Adults	20 and up	94.1	4,340	205	3.3	145	140	3.3	145	207
Total Population	All Ages	90.2	13,812	143	2.2	269	129	2.2	269	145

na=not applicable

^a Background diet includes food and dietary supplements.

^b A caffeine user is defined as a consumer of a caffeine-containing food and/or dietary supplement.

*low numbers of users diminishes reliability of results

Similarly in Canada, very low consumption estimates have been determined from surveys of adolescents (12 to 17 year olds) in the province of Quebec. The Réseau du sport étudiant du Québec (RSEQ, 2011) surveyed the energy drink consumption habits of over 10,000 Quebec teens (12 to 17 years of age) and found that 93% of teens rarely or never consumed energy drinks while only 1% consumed them daily. Research by the Institut de la Statistique du Québec (Institut de la Statistique du Québec, 2012) in a survey of more than 60,000 teens (13 to 17 years of age) found that 82.8% of teens rarely or never consumed energy drinks, and only 1.5% consumed them daily. Based on information from Statistics Canada (2009), similar beverage consumption patterns occur all across Canada.

6.0 OTHER INGREDIENTS

There are no safety concerns related to the other ingredients in Rockstar energy drink products, all of which are common in the diet.

As noted in the DAWN Report (SAMHSA, 2011), other ingredients in energy drinks may include vitamins, amino acids, herbs, sugars, and sugar alternatives. The specific ingredients in Rockstar are similar in nature and all are either GRAS ingredients or approved food additives.

The Expert Panel convened to undertake a safety evaluation of caffeine also assessed other ingredients in the Rockstar drinks including L-carnitine, and taurine, and the flavors ginseng extract, guarana extract, and milk thistle extract. The Expert Panel concluded that under the conditions of intended use in Rockstar energy drink products, these ingredients are safe and GRAS based on scientific procedures.

L-Carnitine is a naturally occurring compound found in all mammalian species. It is required for conversion of fatty acyl coenzyme A (CoA) esters for energy. L-Carnitine is produced endogenously by humans, and occurs naturally in the diet as a component of meat and dairy products, and found in negligible amounts in fruits and vegetables. The safety of L-carnitine also is corroborated by the findings of numerous human studies conducted on L-carnitine that included endpoints relevant to safety. In these studies, no adverse effects attributable to the consumption of L-carnitine were reported following daily oral ingestion at doses ranging from 2 to 3 g L-carnitine per day for up to 3 months and at a dose of 2 g per day for up to 6 months. L-Carnitine is also acceptable for use in baby foods and infant formula (EFSA, 2003).

Panax Ginseng Extract: The safety of *P. ginseng* extract is corroborated by the findings of numerous human studies in which *P. ginseng*, *P. ginseng* rootlets, body, and extracts (aqueous or ethanolic), *P. quinquefolius* root, *P. notoginseng* root, panaxtriol saponin from *Radix/Rhizoma notoginseng* extract, *P. japonicas* root, and *P. vietnemensis* root were consumed by generally healthy subjects or those with various underlying diseases or conditions. Although the various species may differ quantitatively in ginsenoside content, qualitatively, many of the ginsenosides are common to all of the species. Thus, the human studies conducted with various ginseng species also are directly relevant to the safety of the *P. ginseng* extract intended for use in Rockstar energy drink products. The overall absence of treatment-related differences in any of the safety-related parameters assessed following the consumption of up to 9 g per day *P. ginseng* or up to 2 g per day *P. ginseng* extracts for periods of up to 24 weeks further supports the safety of the intended use of *P. ginseng* extract in energy drinks.

Guarana Extract: Guarana extract is an approved food additive permitted for use as a natural flavoring substance and natural substance used in conjunction with flavors (21 CFR 172.510). Guarana also is considered to be Generally Recognized as Safe (GRAS) for use as a flavoring

agent by the Flavor and Extract Manufacturers' Association of the United States. Of the ingredients in Rockstar energy drink products, only the guarana seed extract contains some minor amounts of caffeine. The maximum guarana seed extract present in each 8 oz. serving of Rockstar energy drink products would contribute less than 1 mg of caffeine, which is insignificant in comparison to the 80 mg or 120 mg of caffeine added directly to the drink.

Milk thistle extract: As a food, several parts of the milk thistle plant are consumed, including the flowers (seeds), leaves, heads, and roots. In Canada, the NHP monograph for milk thistle extract considers intakes of 140 mg to 600 mg per day silymarin (calculated as silybin/silibinin), not to exceed 200 mg per dose, safe for consumption (Health Canada, 2009). In the monograph published by the German Commission E, 200 mg to 400 mg per day silymarin (calculated as silibinin) are considered safe (Blumenthal *et al.*, 1998). The lowest of these intakes (*i.e.*, 140 mg per day silymarin), is 41-fold greater than the estimated 90th percentile intake of silymarin in energy drink users from all sources (*i.e.*, from the intended use of milk thistle extract in energy drinks plus the intake of milk thistle from dietary supplements).

Taurine occurs naturally in the diet as a component of meat and poultry, seafood, and dairy products. It also is present in breast milk and infant formula (4 mg to 7 mg per 100 mL) (Laidlaw *et al.*, 1990; Hayes and Trautwein, 1994). The presence of taurine in cow's milk-based infant formula is attributed to its natural occurrence in the milk, whereas taurine is added to infant formula formulated from soy protein (Laidlaw *et al.*, 1990). Infants cannot produce taurine and require it from breast milk or formula, therefore taurine is a conditionally essential amino acid. Safety is corroborated by the findings of numerous human studies conducted on taurine that included endpoints relevant to safety. In these studies, no adverse effects attributable to the consumption of taurine were reported. The European Food Safety Authority (EFSA) reviewed the available human data and concluded that daily oral ingestion of taurine at doses ranging from 3 g to 6 g per day for up to 1 year did not produce adverse health effects (EFSA, 2009). More recently, EFSA's Panel on Additives and Products or Substances used in Animal Feed estimated the observed safe level of taurine in humans to be 6 g per person per day (EFSA, 2012).

It should also be noted that taurine does not have any stimulatory activity. Thus, there is no potential enhanced activity of caffeine due to the presence of taurine. L-Carnitine which is a derivative of the amino acid lysine is not a stimulant and therefore does not compound caffeine activity.

Estimates of exposure to these non-caffeine ingredients from consumption of energy drinks were determined to be well below estimates of consumption from other food sources and/or orders of magnitude below no-adverse-effect levels determined from safety studies. As confirmed by the independent Panel of food safety experts, the above described ingredients, there is no expected

safety concern associated with these ingredients alone, or in combination, from consumption of Rockstar energy drink products.

7.0 CONCLUSIONS

There is insufficient information presented in the CAERS summaries (through October 2012) or the DAWN report to demonstrate that energy drinks were the cause of the adverse events noted therein. Furthermore, there are no data to indicate that Rockstar energy drinks containing 80 mg or 120 mg per 8 oz. serving, caused any adverse events. Some of the other brand energy drinks on the market have more than twice this amount of caffeine per ounce. The amount of caffeine in various coffees is higher than the same volume of Rockstar energy drink products.

Concentrations of caffeine present in 16 oz. servings of Einstein Bros. and Starbucks coffee were 300 mg and 320 mg, respectively. The 20 oz. serving of Starbucks Pike Place Roast contains 415 mg of caffeine. Thus, 8 oz. servings of Starbucks or Einstein Bros. coffees would provide more caffeine (160 and 150 mg, respectively) than would be provided in an 8 oz. serving of Rockstar products (80mg or 120 mg). Ben and Jerry's Coffee Heath Bar Crunch also contains 84 mg of caffeine per 8 oz. serving.

Rockstar, Inc. has produced over 3 billion cans of Rockstar energy drink products in the USA since brand inception in 2001 and approximately 2 billion cans since 2006. The incidence of alleged adverse events reports in CAERS (through October 2012) citing Rockstar products is incredibly low at 13 total, or 0.00000065%, compared to 2 billion cans sold during the timeframe (through October 2012) that the CAERS reports were received. There has never been an incidence of a reported death from consumption of a Rockstar energy drink product. Current annual energy drink consumption in the USA, total category, is estimated at 4.4 billion units. The number of hospital visits listing energy drinks with and without alcohol and drug substances as reported by SAMHSA in 2011 was 20,783. These events are taken from hospital charts at emergency rooms and they do not appear to be substantiated for legitimacy (*i.e.*, reports are anecdotal and appear not to have been medically vetted). The incidence of visits in 2011 compared to the annual energy drink consumption at that time total category, estimated at 3.5 billion units, would be approximately 0.000006% or 1 visit for every 168,400 units sold. Excluding the visits where there was admission of alcohol and drug combination use, the incidence would about 0.0000034% or 1 visit for 290,360 units sold.

Any substance if administered at high enough doses may be fatal. The amount of caffeine that is reported in the literature to be fatal to adults is approximately 10,000 mg. Therefore, an adult would need to consume 83 cans of 8-oz. (at 120 mg caffeine) Rockstar energy drink products to reach fatal caffeine levels. The total volume of fluid required to be consumed to reach these levels is 664 oz. (43 pounds of fluid) or about 20 L, which is 10 times the typical amount of total fluid consumed in a full day by an adult.

It is acknowledged that there are certain populations that are potentially sensitive to caffeine. However, all Rockstar energy drink product labels recommend against consumption of energy drinks by children, pregnant or nursing women, or those sensitive to caffeine.

The safety of the amount of caffeine used in Rockstar energy drink products (up to 120 mg per 8 oz. serving) is supported by the findings of an Expert Panel convened to evaluate the conditions of use of caffeine in Rockstar products. The Expert Panel unanimously concluded that the intended use of caffeine, produced in accordance with current good manufacturing practice and meeting applicable *Food Chemical Codex* specification, in Rockstar energy drink products at levels **up to 120 mg per 8 oz. serving** is both safe and generally recognized as safe (GRAS) based on scientific procedures.

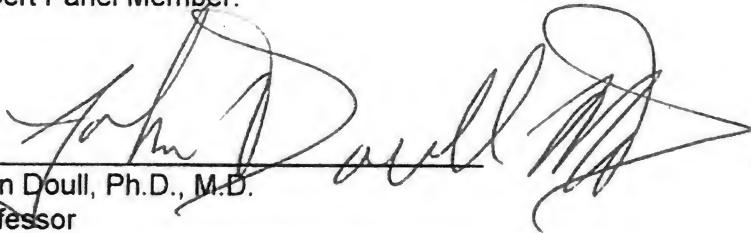
The FDA (2012b) has stated in a letter dated August 10, 2012, that, while the Agency is reviewing recently published safety studies on caffeine, the available studies do not indicate any new, previously unknown risks associated with caffeine consumption.

Given the above, there is no expectation that consumption of Rockstar energy drink products containing 80 mg or 120 mg caffeine per 8 oz. serving, in adherence with the product label, should be associated with adverse health effects.

Also, the Expert Panel convened to assessment caffeine also assessed *Panax ginseng* extract, guarana extract, L-carnitine, inositol, milk thistle extract, and taurine, and concluded that under the conditions of intended use, including use levels and estimated dietary intakes, in Rockstar energy drink products, these ingredients are both safe, and GRAS, based on scientific procedures. The guarana extract ingredient does not significantly increase caffeine amounts. The caffeine content of the guarana seed extract is 0.75 to 1.25%; provides an additional 0.0875 mg which is insignificant compared to the 80 mg or 120 mg of caffeine added directly to an 8 oz. serving). Estimates of exposure to these non-caffeine ingredients from consumption of Rockstar energy drink products were determined to be well below estimates of consumption from other food sources and/or orders of magnitude below no-adverse-effect levels determined from safety studies. Thus, there is no expected safety concern associated with these ingredients alone, or in combination, from consumption of Rockstar energy drink products.

Furthermore, scientific research that has compared caffeine consumer to non-consumers, has found that the consumption of caffeine enhances mental and physical performance (Smith, 2002; Ruxton, 2008).

Expert Panel Member:



John Doull, Ph.D., M.D.
Professor

Department of Pharmacology
The University of Kansas Medical Center

8.0 REFERENCES

- ANZFA (2000). *Report from the Expert Working Group on the Safety Aspects of Dietary Caffeine.* Canberra, Australia / Wellington, NZ: Australia New Zealand Food Authority (ANZFSA). Available at: http://www.foodstandards.gov.au/_srcfiles/EWG_Dietary_caffeine.pdf.
- Arendash GE and Cao C (2010) Caffeine and Coffee as Therapeutics Against Alzheimer's Disease. *Journal of Alzheimer's Disease.* 20(1) 117-126
- Armstrong LE (2002). Caffeine, body fluid-electrolyte balance, and exercise performance. *Int J Sport Nutr Exerc Metab* 12(2):189-206.
- Babu KM, Church RJ, Lewander W (2008). Energy drinks: the new eye-opener for adolescents. *Clin Pediatr Emerg Med* 9(1):35-42.
- Bergman EA, Massey LK, Wise KJ, Sherrard DJ (1990). Effects of dietary caffeine on renal handling of minerals in adult women. *Life Sci* 47(6):557-564. Cited In: Nawrot et al., 2003.
- Berkey CS, Rockett HR, Colditz GA (2008). Weight gain in older adolescent females: the internet, sleep, coffee, and alcohol. *J Pediatr* 153(5):635-639, 639.e631.
- BfR (2009). *Health Risks of Excessive Energy Shot Intake.* (BfR Opinion No. 001/2010, 2 December 2009). Berlin, Germany: Bundesinstitut für Risikobewertung (BfR). Available at: www.bfr.bund.de/cm/245/health_risks_of_excessive_energy_shot_intake.pdf. Accessed January 17, 2011
- Blumenthal M, Busse WR, Goldberg A, Gruenwald J, Hall T, Riggins CW et al., editors (1998). *The Complete German Commission E Monographs: Therapeutic Guide to Herbal Medicines* [Sigrid Klein, Primary Translator]. Austin (TX): American Botanical Council (ABC).
- Brent RL, Christian MS, Diener RM (2011). Evaluation of the reproductive and developmental risks of caffeine. *Birth Defects Res B Dev Reprod Toxicol* 92(2):152-187.
- Broderick PJ, Benjamin AB, Dennis LW (2005). Caffeine and psychiatric medication interactions: a review. *J Okla State Med Assoc* 98(8):380-384.
- Butt MS, Sultan MT (2011). Coffee and its consumption: benefits and risks. *Crit Rev Food Sci Nutr* 51(4):363-373.
- Campbell B, Wilborn C, La Bounty P, Taylor L, Nelson MT, Greenwood M, Ziegenfuss TN, Lopez HL, Hoffman JR, Stout JR, Schmitz S, Collins R, Kalman DS, Antonio J, Kreider RB (2013). International Society of Sports Nutrition position stand: energy drinks. *J Int Soc Sports Nutr* 10(1):1 doi: 10.1186/1550-2783-10-1.
- Castellanos FX, Rapoport JL (2002). Effects of caffeine on development and behavior in infancy and childhood: a review of the published literature. *Food Chem Toxicol* 40(9):1235-1242.

- CDC (2011). *National Health and Nutrition Examination Survey (NHANES): 2009-2010*. Hyattsville (MD): Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS). Available at: http://www.cdc.gov/nchs/nhanes/nhanes2009-2010/nhanes09_10.htm [Page last updated: November 7, 2011].
- Childs E, de Wit H (2006). Subjective, behavioral, and physiological effects of acute caffeine in light, nondependent caffeine users. *Psychopharmacology (Berl)* 185(4):514-523. Cited In: Lara, 2010 [Ref. #24].
- CSPI. *Caffeine Content of Food & Drugs*. Center for Science in the Public Interest (CPSI). Available at: <http://www.cspinet.org/new/cafchart.htm> [September 2007].
- Durrant KL (2002). Known and hidden sources of caffeine in drug food, and natural products. *J Am Pharma Assoc (Wash)* 42(4):625-637. Cited In: Broderick *et al.*, 2005 [Ref. #1].
- EFSA (2003). Opinion of the Scientific Panel on Food Additives, Flavourings, Processing Aids and Materials in Contact with Food (AFC) on a request from the Commission related to L-Carnitine-L-tartrate for use in foods for particular nutritional uses. *The EFSA Journal* (2003)19, 1-13.
- EFSA (2009). Scientific Opinion of the Panel on Food Additives and Nutrient Sources added to Food on a request from the Commission on the use of taurine and D-glucurono-γ-lactone as constituents of the so-called "energy" drinks. (Question no EFSA-Q-2007-113, adopted on 15 January 2009 by European Food Safety Authority). *EFSA J* 935:1-31. Available at: <http://www.efsa.europa.eu/en/efsajournal/pub/935.htm>.
- EFSA (2012). EFSA Panel on Additives and Products or Substances used in Animal Feed (FEEDAP); Scientific Opinion on the safety and efficacy of taurine as a feed additive for all animal species (question no EFSA-Q-2010-01299, adopted on 22 May 2012 by European Food Safety Authority). *EFSA J* 10(6):2736. [17 pp.] doi:10.2903/j.efsa.2012.2736. Available at: <http://www.efsa.europa.eu/en/efsajournal/pub/2736.htm>.
- Fredholm BB, Bättig K, Holmén J, Nehlig A, Zvartau EE (1999). Actions of caffeine in the brain with special reference to factors that contribute to its widespread use. *Pharmacol Rev* 51(1):83-133. Cited In: Nardi *et al.*, 2011 [Ref. #9].
- Garrett BE, Griffiths RR (1997). The role of dopamine in the behavioral effects of caffeine in animals and humans. *Pharmacol Biochem Behav* 57(3):533-541. Cited In: Temple, 2009.
- Goldstein ER, Ziegenfuss T, Kalman D, Kreider R, Campbell B, Wilborn C, Taylor L, Willoughby D, Stout J, Graves BS, Wildman R, Ivy JL, Spano M, Smith AE, Antonio J (2010). International society of sports nutrition position stand: caffeine and performance. *J Int Soc Sports Nutr* 7(1):5 doi: 10.1186/1550-2783-7-5.
- Graham TE, Sathasivam P, Rowland M, Marko N, Greer F, Battram D (2001). Caffeine ingestion elevates plasma insulin response in humans during an oral glucose tolerance test. *Can J Physiol Pharmacol* 79(7):559-565.

- Grandjean AC, Reimers KJ, Bannick KE, Haven MC (2000). The effect of caffeinated, non-caffeinated, caloric and non-caloric beverages on hydration. *J Am Coll Nutr* 19(5):591-600.
- Greden JF (1974). Anxiety or caffeinism: a diagnostic dilemma. *Am J Psychiatry* 131(10):1089-1092. Cited In: Reissig et al., 2009.
- Green PJ, Suls J (1996). The effects of caffeine on ambulatory blood pressure, heart rate, and mood in coffee drinkers. *J Behav Med* 19(2):111-128. Cited In: IOM, 2001.
- Greer F, Hudson R, Ross R, Graham T (2001). Caffeine ingestion decreases glucose disposal during a hyperinsulinemic-euglycemic clamp in sedentary humans. *Diabetes* 50(10):2349-2354.
- Hayes KC, Trautwein EA (1994). Taurine (chapter 31). In: Shils M, Olsen J, Shike M, editors. *Modern Nutrition in Health and Disease, 8th edition*. Philadelphia (PA): Lea & Febiger, vol. 1, pp. 477-485.
- Health Canada (2009). Milk Thistle. In: *Compendium of Monographs*. Ottawa (ON): Health Canada, Natural Health Products Directorate (NHPD). Available at: <http://webprod.hc-sc.gc.ca/nhpid-bdipsn/atReq.do?atid=milk.thistle.oral&lang=eng> [Date Modified: 2012-08-27].
- Health Canada (2011). Frequently Asked Questions. Information for Parents on Caffeine in Energy Drinks: How much caffeine is safe for my children? October 2011. Health Canada website: <http://www.hc-sc.gc.ca/fn-an/securit/addit/caf/faq-eng.php>.
- Heaney RP (2002). Effects of caffeine on bone and the calcium economy. *Food Chem Toxicol* 40(9):1263-1270.
- Heaney RP, Recker RR (1982). Effects of nitrogen, phosphorus, and caffeine on calcium balance in women. *J Lab Clin Med* 99(1):46-55. Cited In: Nawrot et al., 2003.
- Heatherley SV, Hancock KM, Rogers PJ (2006). Psychostimulant and other effects of caffeine in 9- to 11-year-old children. *J Child Psychol Psychiatry* 47(2):135-142.
- Heckman MA, Weil J, Gonzalez de Mejia E (2010). Caffeine (1,3,7-trimethylxanthine) in foods: a comprehensive review on consumption, functionality, safety, and regulatory matters. *J Food Sci* 75(3):R77-R87.
- Higdon JV, Frei B (2006). Coffee and health: a review of recent human research. *Crit Rev Food Sci Nutr* 46(2):101-123.
- Huxley R, Lee CMY, Barzi F, Timmermeister L, Czernichow S, Perkovic V et al. (2009). Coffee, decaffeinated coffee, and tea consumption in relation to incident type 2 diabetes mellitus: a systematic review with meta-analysis. *Arch Intern Med* 169(22):2053-2063.

- Institut de la Statistique du Québec (2012). Tableau A3.2: Fréquence de consommation habituelle de certaines boissons sucrées, élèves du secondaire, Québec, 2010-2011. Dans: *L'Enquête québécoise sur la santé des jeunes du secondaire 2010-2011: TOME 1: Le visage des jeunes d'aujourd'hui: leur santé physique et leurs habitudes de vie*. Chemin Sainte-Foy, Québec: Institut de la Statistique du Québec. Available at: <http://www.stat.gouv.qc.ca/publications/sante/eqsjs.htm>.
- IOM (2001). *Caffeine for the Sustainment of Mental Task Performance: Formulations for Military Operations*. National Academy of Sciences, Committee on Military Nutrition Research, Food and Nutrition Board, Institute of Medicine (IOM). Washington (DC): National Academy Press (NAP). Available at: <http://www.nap.edu/openbook.php?isbn=0309082587>.
- Jee SH, He J, Appel LJ, Whelton PK, Suh I, Klag MJ (2001). Coffee consumption and serum lipids: a meta-analysis of randomized controlled clinical trials. *Am J Epidemiol* 153(4):353-362.
- Keijzers GB, De Galan BE, Tack CJ, Smits P (2002). Caffeine can decrease insulin sensitivity in humans. *Diabetes Care* 25(2):364-369. Cited In: Meltzer *et al.*, 2008.
- Kruk B, Chmura J, Krzeminski K, Ziembka AW, Nazar K, Pekkarinen H *et al.* (2001). Influence of caffeine, cold and exercise on multiple choice reaction time. *Psychopharmacology (Berl)* 157(2):197-201.
- Lader M, Bruce M (1986). States of anxiety and their induction by drugs. *Br J Clin Pharmacol* 22(3):251-261. Cited In: Lara, 2010 [Ref. #28].
- Laidlaw SA, Grosvenor M, Kopple JD (1990). The taurine content of common foodstuffs [published correction appears in JPEN J Parenter Enteral Nutr 14(4):380]. *JPEN J Parenter Enteral Nutr* 14(2):183-188.
- Lara DR (2010). Caffeine, mental health, and psychiatric disorders. *J Alzheimers Dis* 20(Suppl. 1):S239-S248.
- Lee S, Hudson R, Kilpatrick K, Graham TE, Ross R (2005). Caffeine ingestion is associated with reductions in glucose uptake independent of obesity and type 2 diabetes before and after exercise training. *Diabetes Care* 28(3):566-572.
- Leviton A (1992). Behavioral correlates of caffeine consumption by children. *Clin Pediatr (Phila)* 31(12):742-750.
- Lieberman HR (1992). Caffeine. In: Smith P, Jones DM, editors. *Handbook of Human Performance: Vol. 2*. London, Engl.: Academic Press. Cited In: ANZFA, 2000.
- Lieberman HR, Tharion WJ, Shukitt-Hale B, Speckman KL, Tulley R (2002). Effects of caffeine, sleep loss, and stress on cognitive performance and mood during U.S. Navy SEAL training. *Sea-Air-Land. Psychopharmacology (Berl)* 164(3):250-261. Cited In: Lara, 2010 [Ref. #51].

- Lindgren S, Lokshin B, Stromquist A, Weinberger M, Nassif E, McCubbin M et al. (1992). Does asthma or treatment with theophylline limit children's academic performance? *N Engl J Med* 327(13):926-930.
- Massey LK, Hollingbery PW (1988). Acute effects of dietary caffeine and sucrose on urinary mineral excretion of healthy adolescents. *Nutr Res* 8(9):1005-1012. Cited In: Nawrot et al., 2003.
- Massey LK, Wise KJ (1984). The effect of dietary caffeine on urinary excretion of calcium, magnesium, sodium and potassium in healthy young females. *Nutr Res* 4(1):43-50. Cited In: Nawrot et al., 2003.
- Maughan RJ, Griffin J (2003). Caffeine ingestion and fluid balance: a review. *J Hum Nutr Diet* 16(6):411-420.
- Meltzer HM, Fotland TO, Alexander J, Elind E, Hallström H, Lam HR et al. (2008). *Risk Assessment of Caffeine Among Children and Adolescents in the Nordic Countries*. (TemaNord 2008, 551). Copenhagen, Denmark: Nordic Council of Ministers, TemaNord. Available at: http://www.norden.org/en/publications/publikationer/2008-551/at_download/publicationfile.
- Myers MG, Reeves RA (1991). The effect of caffeine on daytime ambulatory blood pressure. *Am J Hypertens* 4(5, Part 1):427-431.
- Nardi AE, Rocha Araujo DM, Vilarim MM (2011). Caffeine challenge test and panic disorder: a systematic literature review. *Expert Rev Neurother* 11(8):1185-1195.
- Nawrot P, Jordan S, Eastwood J, Rotstein J, Hugenholtz A, Feeley M (2003). Effects of caffeine on human health. *Food Addit Contam* 20(1):1-30.
- Nehlig A, Daval J-L, Debry G (1992). Caffeine and the central nervous system: mechanisms of action, biochemical, metabolic and psychostimulant effects. *Brain Res Brain Res Rev* 17(2):139-170. Cited In: Lara, 2010 [Ref. #9].
- Noordzij M, Uiterwaal CS, Arends LR, Kok FJ, Grobbee DE, Geleijnse JM (2005). Blood pressure response to chronic intake of coffee and caffeine: a meta-analysis of randomized controlled trials. *J Hypertens* 23(5):921-928.
- Nurminen ML, Niittynen L, Korpela R, Vapaatalo H (1999). Coffee, caffeine and blood pressure: a critical review. *Eur J Clin Nutr* 53(11):831-839. Cited In: Noordzij et al., 2005 [Ref. #3].
- Ozsungur S, Brenner D, El-Sohemy A (2009). Fourteen well-described caffeine withdrawal symptoms factor into three clusters. *Psychopharmacology (Berl)* 201(4):541-548.
- Peck JD, Leviton A, Cowan LD (2010). A review of the epidemiologic evidence concerning the reproductive health effects of caffeine consumption: a 2000-2009 update. *Food Chem Toxicol* 48(10):2549-2576.

- Petrie HJ, Chown SE, Belfie LM, Duncan AM, McLaren DH, Conquer JA et al. (2004). Caffeine ingestion increases the insulin response to an oral-glucose-tolerance test in obese men before and after weight loss. *Am J Clin Nutr* 80(1):22-28.
- Pizzoli A, Tikhonoff V, Paleari CD, Russo E, Mazza A, Ginocchio G et al. (1998). Effects of caffeine on glucose tolerance: a placebo-controlled study. *Eur J Clin Nutr* 52(11):846-849.
- Reissig CJ, Strain EC, Griffiths RR (2009). Caffeinated energy drinks--a growing problem. *Drug Alcohol Depend* 99(1-3):1-10.
- Riedel W, Hogervorst E, Leboux R, Verhey F, van Praag H, Jolles J (1995). Caffeine attenuates scopolamine-induced memory impairment in humans. *Psychopharmacology (Berl)* 122(2):158-168. Cited In: Lara, 2010 [Ref. #97].
- Robinson LE, Savani S, Batram DS, McLaren DH, Sathasivam P, Graham TE (2004). Caffeine ingestion before an oral glucose tolerance test impairs blood glucose management in men with type 2 diabetes. *J Nutr* 134(10):2528-2533.
- Roti MW, Casa DJ, Pumerantz AC, Watson G, Judelson DA, Dias JC, Ruffin K, Armstrong LE (2006). Thermoregulatory responses to exercise in the heat: chronic caffeine intake has no effect. *Aviat Space Environ Med* 77(2):124-129.
- RSEQ. (2011). *Enquête Québécoise sur le Marketing de la Malbouffe: 10 000 Jeunes se Prononcent!* Ste-Thérèse, Québec: Réseau du sport étudiant du Québec (RSEQ). Available at: <http://ll.rseq.ca/download/attachments/15958040/Rapport+d'enquête-FRA-1-page.pdf?version=1&modificationDate=1328122709903>.
- Ruxton CHS (2008). The impact of caffeine on mood, cognitive function, performance and hydration: a review of benefits and risks. *Nutr Bull BNF* 33(1):15-25.
- SAMHSA (2011). *The DAWN Report: Emergency Department Visits Involving Energy Drinks.* (Drug Abuse Warning Network, Nov. 22). Rockville (MD): Substance Abuse and Mental Health Services Administration (SAMHSA). Available at: http://www.samhsa.gov/data/2k11/web_dawn_089/web_dawn_089_html.pdf.
- SAMHSA (2013). *The DAWN Report: Update on Emergency Department Visits Involving Energy Drinks: A continuing Public Health Concern.* (Drug Abuse Warning Network, Jan. 10). Rockville (MD): Substance Abuse and Mental Health Services Administration (SAMHSA).
- SCF (1999). *Opinion on Caffeine, Taurine and D-Glucurono-g-Lactone as Constituents of So-Called "Energy" Drinks* (Expressed on 21 January 1999). Brussels, Belgium: European Commission, Scientific Committee on Food (SCF). Available at: http://ec.europa.eu/food/fs/sc/scf/out22_en.html.
- Schmidt B, Anderson PJ, Doyle LW, Dewey D, Grunau RE, Asztalos EV et al. (2012). Survival without disability to age 5 years after neonatal caffeine therapy for apnea of prematurity [Caffeine for Apnea of Prematurity (CAP) Trial Investigators]. *JAMA* 307(3):275-282.



- Schmidt B, Roberts RS, Davis P, Doyle LW, Barrington KJ, Ohlsson A et al. (2006). Caffeine therapy for apnea of prematurity. *N Engl J Med* 354(20):2112-2121.
- Schmidt B, Roberts RS, Davis P, Doyle LW, Barrington KJ, Ohlsson A et al. (2007). Long-term effects of caffeine therapy for apnea of prematurity [Caffeine for Apnea of Prematurity Trial Group]. *N Engl J Med* 357(19):1893-1902.
- Schneider MB, Benjamin HJ (2011). Sports drinks and energy drinks for children and adolescents: are they appropriate? [Committee on Nutrition and the Council on Sports Medicine and Fitness]. *Pediatrics* 127(6):1182-1189.
- Seifert SM, Schaechter JL, Hershon ER, Lipshultz SE (2011). Health effects of energy drinks on children, adolescents, and young adults. *Pediatrics* 127(3):511-528.
- Sigmon SC, Herning RI, Better W, Cadet JL, Griffiths RR (2009). Caffeine withdrawal, acute effects, tolerance, and absence of net beneficial effects of chronic administration: cerebral blood flow velocity, quantitative EEG, and subjective effects. *Psychopharmacology (Berl)* 204(4):573-585.
- Smith A (2002). Effects of caffeine on human behavior. *Food Chem Toxicol* 40(9):1243-1255. Cited In: Lara, 2010 [Ref. #1].
- Statistics Canada (2009). *Beverage Consumption of Children and Teens* [by Didier Garriguet]. (Health Reports, 82-003-X, vol 19, no 4). Ottawa (ON): Statistics Canada, Statistics Canada, Health Information and Research Division. Available at: <http://www.statcan.gc.ca/pub/82-003-x/2008004/article/6500228-eng.htm> [Date Modified: 2009-01-05].
- Stein MA, Krasowski M, Leventhal BL, Phillips W, Bender BG (1996). Behavioral and cognitive effects of methylxanthines. A meta-analysis of theophylline and caffeine. *Arch Pediatr Adolesc Med* 150(3):284-288. Cited In: Nawrot et al., 2003.
- Temple JL (2009). Caffeine use in children: what we know, what we have left to learn, and why we should worry. *Neurosci Biobehav Rev* 33(6):793-806.
- Turcotte M (2010). Caffeine facts for coffee. Livestrong.com. Available from: <http://www.livestrong.com/article/313644-caffeine-facts-for-coffee/>
- U.S. FDA (2010a). Federal Food, Drug, and Cosmetic Act (FD&C Act): Chapter II: Definitions: Sec. 201. [21 USC §321]: Definitions; generally [Including amendments to Feb. 1, 2010]. In: *U.S. Code—Title 21—Food and Drug, Chapter 9*. Rockville (MD): U.S. Food and Drug Administration (U.S. FDA). Available at: <http://www.fda.gov/RegulatoryInformation/Legislation/FederalFoodDrugandCosmeticActFDCAAct/FDCACTChaptersandIIShortTitleandDefinitions/ucm086297.htm>.



U.S. FDA (2010b). Federal Food, Drug, and Cosmetic Act (FD&C Act): Chapter IV: Food: Sec. 409. [21 USC §348]: Unsafe food additives [Including amendments to Feb. 1, 2010]. In: *U.S. Code—Title 21—Food and Drug, Chapter 9*. Rockville (MD): U.S. Food and Drug Administration (U.S. FDA). Available at: <http://www.fda.gov/RegulatoryInformation/Legislation/FederalFoodDrugandCosmeticActFDCAAct/FDCActChapterIVFood/ucm107843.htm>.

U.S. FDA (2012a). *Energy "Drinks" and Supplements: Investigations of Adverse Event Reports*. Silver Spring (MD): U.S. Food and Drug Administration (U.S. FDA), U.S. Department of Health & Human Services (U.S. DHHS). Available at: <http://www.fda.gov/Food/NewsEvents/ucm328536.htm> [Page Last Updated: 11/16/2012].

U.S. FDA (2012b). *Letter from Jeanne Ireland, Assistant Commissioner for Legislation to the Honorable Richard J. Durbin, Senator dated August 10, 2012 [Re: Letter of April 3, 2012 Expressing Concern About Potential Safety Issues Associated With the Consumption of so-called "Energy Drinks"]*. Silver Spring (MD): U.S. Food and Drug Administration (U.S. FDA). Available at: <http://www.shb.com/newsletters/FBLU/Etc/RichardDurbin-Letter-Aug2012.pdf>.

U.S. FDA (2012c). *Letter from FDA Michele Mital Acting Associate Commissioner for Legislation to the Honorable Richard J. Durbin, Senator dated November 21, 2012 [Re: Letters of September 11 and October 26, 2012 Indicating that Not All Concerns RE "Energy Drinks" Were Addressed in the Response from the Food and Drug Administration dated August 10, 2012]*. Spring (MD): U.S. Food and Drug Administration (U.S. FDA). Available at: http://durbin.senate.gov/public/index.cfm/files/serve?File_id=60fccdd9-7e60-45d4-b529-4bf472cc6eee.

U.S. FDA (2012d). *U.S. Code of Federal Regulations (CFR). Title 21—Food and Drugs (Food and Drug Administration)*. Washington (DC): U.S. Government Printing Office (GPO). Available at: <http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>.

CFR Sections Referenced (Title 21—Food and Drugs)		
Part	Section §	Section Title
170—Food additives	170.3	Definitions
	170.30	Eligibility for classification as generally recognized as safe (GRAS)
172—Food additives permitted for direct addition to food for human consumption	172.510	Natural flavoring substances and natural substances used in conjunction with flavors
340—Stimulant drug products for over-the-counter human use	All sections	All sections

Verhoef P, Pasman WJ, Vliet TV, Urgert R, Katan MB (2002). Contribution of caffeine to the homocysteine-raising effect of coffee: A randomized controlled trial in humans. *Am J Clin Nutr* 76(6):1224-1248. Cited In: Butt and Sultan, 2011.

Wolk BJ, Ganetsky M, Babu KM (2012). Toxicity of energy drinks. *Curr Opin Pediatr* 24(2):243-251.

